

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 / 601245	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/		/				51			
2		/		/			52			
3		/		/			53			
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5		/		/			55			
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7		/		/			57			
8		(1)		/			58			
9		/		/			59			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			/				TOTAL IND.			
TOTAL DEP.			13				TOTAL DEP.			
TOTAL CLAIMS			141				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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